APPLICATION FOR PLATTING
CITY OF GRAPEVINE, TEXAS

TYPE OF PLAT: ___Preliminary ___Final ___Replat ___Amendment

PROPERTY DESCRIPTION:

Name of Addition: _____

Number of Lots: _____ Gross Acreage: _____ Proposed Zoning: _____

Location of Addition: _____

PROPERTY OWNER:

Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ **Phone: (___)** _____

Fax: (___) _____

Signature:_____ **Email:** _____

APPLICANT:

Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ **Phone: (___)** _____

Fax: (___) _____

Signature: _____ **Email:** _____

SURVEYOR:
Name: _____ Contact: _____
Address: _____ City: _____

State: _____ Zip: _____ **Phone: (___)** _____

Fax: (___) _____

Email: _____

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